草盒

AUTHORIZATION

(Prisoner's Account Only)

NOTE: Completing this authorization form satisfies your obligation under 28 U.S.C. § 1915(a)(2) to submit a certified copy of your trust fund account.

I, MAHLLEW Dix	, request and authorize the agency holding me in
custody to send to the Clerk of Court, United States Di	strict Court for the Middle District of Pennsylvania,
a certified copy of the statement for the past six	months of my trust fund account (or institutional
equivalent) at the institution where I am incarcerated.	I further request and authorize the agency holding
me in custody to calculate and disburse funds from my trust account (or institutional equivalent) in the	
amounts specified by 28 U.S.C § 1915(b).	
This authorization is furnished in connection with the filing of a civil action, and I understand that	
the filing fee for the complaint is \$150.00. I also understand that the entire filing fee will be deducted from	
my account regardless of the outcome of my civil a	action. This authorization shall apply to any other FILED
agency into whose custody I may be transferred.	CODANTON
	OCT 1 2 2000
Date: October 2, 2000,	PER DEPUTY CLERK

Signature of Prisoner